

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Francis Sasser
28017 Babbie Road
Andalusia, AL 36420

A. Signature

Shirley Langford

Agent
 Addressee

B. Received by (Printed Name)

Shirley Langford

C. Date of Delivery
2-20-08

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

OSW 7 11:14

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number
(Transfer from service label)

7006 2760 0004 8537 8450

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wyatt Sasser
28017 Babbie Road
Andalusia, AL 36420

A. Signature

Shirley Langford

Agent
 Addressee

B. Received by (Printed Name)

Shirley Langford

C. Date of Delivery
2-20-08

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

OSW 7 11:14

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number
(Transfer from service label)

7006 2760 0004 8537 8443

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540